



TEXAS DEPARTMENT OF INSURANCE

Division of Workers' Compensation - Medical Fee Dispute Resolution (MS-48)

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MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

GENERAL INFORMATION

Requestor Name

Jesse O. Schneringer, D.C.

Respondent Name

Old Republic Insurance Company

MFDR Tracking Number

M4-17-2224-01

Carrier's Austin Representative

Box Number 44

MFDR Date Received

March 22, 2017

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "... a 2nd modifier is not required when the patient is at MMI ... Reimbursement should have been \$350 for determination of MMI and \$300 for the calculation of impairment."

Amount in Dispute: \$650.00

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "99456/W5 for MMI exam should be billed with modifier WP, 26, TC Since the provider did not bill appropriately bill is denied"

Response Submitted by: Gallagher Bassett

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
June 30, 2016	Designated Doctor Examination	\$650.00	\$650.00

FINDINGS AND DECISION

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and applicable rules of the Texas Department of Insurance, Division of Workers' Compensation.

Background

- 28 Texas Administrative Code §133.307 sets out the procedures for resolving medical fee disputes.
- 28 Texas Administrative Code §134.204 sets out the fee guidelines for division-specific services provided from March 1, 2008 until September 1, 2016.
- The insurance carrier reduced payment for the disputed services with the following claim adjustment codes:
 - 16 – Claim service lacks information or has submission/billing error(s) which is needed for adjudication.
 - 00072 – (4) The procedure code is inconsistent with the modifier used or a required modifier is missing.
 - 193 – Original payment decision is being maintained. Upon review, it was determined that this claim was processed properly.

Issues

1. Are Old Republic Insurance Company's reasons for denial of payment supported?
2. Is Jesse O. Schneringer, D.C. entitled to additional reimbursement?

Findings

1. Jesse O. Schneringer, D.C. is seeking reimbursement of \$650.00 for a designated doctor examination to determine maximum medical improvement (MMI) and impairment rating (IR).

Old Republic Insurance Company (Old Republic) denied the disputed services with claim adjustment reason codes 16 – "CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S) WHICH IS NEEDED FOR ADJUDICATION," and 00072 – "(4) THE PROCEDURE CODE IS INCONSISTENT WITH THE MODIFIER USED OR A REQUIRED MODIFIER IS MISSING." Gallagher Bassett argued on behalf of Old Republic that "99456/W5 for MMI exam should be billed with modifier WP, 26, TC."

Billing and reimbursement for designated doctor examinations is found in 28 Texas Administrative Code §134.204(i)(1), which states, in relevant part:

- (A) Impairment caused by the compensable injury shall be billed and reimbursed in accordance with subsection (j) of this section, and the use of the additional modifier "W5" is the first modifier to be applied when performed by a designated doctor;
- (B) Impairment caused by the compensable injury shall be billed and reimbursed in accordance with subsection (j) of this section, and the use of the additional modifier "W5" is the first modifier to be applied when performed by a designated doctor;

Billing and reimbursement for MMI is subject to 28 Texas Administrative Code §134.204(j)(3), which has no requirement for an additional modifier when billing for MMI that has been reached. Billing and reimbursement for IR is subject to 28 Texas Administrative Code §134.204(j)(4), which requires that modifier "WP" is attached "if the examining doctor performs the MMI examination and the IR testing of the musculoskeletal body area(s)."

Review of the submitted documentation finds that Dr. Schneringer billed for MMI using procedure code 99456 with modifier "W5" and for IR using procedure code 99456 with modifier "W5" and "WP." Old Republic's denial reason is not supported.

2. Per 28 Texas Administrative Code §134.204(j)(3), "The following applies for billing and reimbursement of an MMI evaluation... (C) An examining doctor, other than the treating doctor, shall bill using CPT Code 99456. Reimbursement shall be \$350." The submitted documentation supports that Dr. Schneringer performed an evaluation of MMI. Therefore, the reimbursement for this examination is \$350.00.

Per 28 Texas Administrative Code §134.204(j)(4), "The following applies for billing and reimbursement of an IR evaluation. ... (C)(ii) The MAR for musculoskeletal body areas shall be as follows. ... (II) If full physical evaluation, with range of motion, is performed: (-a-) \$300 for the first musculoskeletal body area." The submitted documentation supports that Dr. Schneringer provided an impairment rating, which included a musculoskeletal body part, and performed a full physical evaluation with range of motion of the left ankle. Therefore, the reimbursement for this examination is \$300.00.

The total reimbursement for the disputed services is \$650.00. This amount is recommended.

Conclusion

For the reasons stated above, the Division finds that the requestor has established that additional reimbursement is due. As a result, the amount ordered is \$650.00.

ORDER

Based on the submitted information, pursuant to Texas Labor Code Sec. 413.031 and 413.019 (if applicable), the Division has determined that the requestor is entitled to additional reimbursement for the services in dispute. The Division hereby ORDERS the respondent to remit to the requestor the amount of \$650.00, plus applicable accrued interest per 28 Texas Administrative Code §134.130, due within 30 days of receipt of this Order.

Authorized Signature

_____ Signature	Laurie Garnes _____ Medical Fee Dispute Resolution Officer	May 5, 2017 _____ Date
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YOUR RIGHT TO APPEAL

Either party to this medical fee dispute has a right to seek review of this decision in accordance with 28 Texas Administrative Code §133.307, 37 *Texas Register* 3833, applicable to disputes filed on or after June 1, 2012.

A party seeking review must submit a **Request to Schedule a Benefit Review Conference to Appeal a Medical Fee Dispute Decision** (form **DWC045M**) in accordance with the instructions on the form. The request must be received by the Division within **twenty** days of your receipt of this decision. The request may be faxed, mailed or personally delivered to the Division using the contact information listed on the form or to the field office handling the claim.

The party seeking review of the MFDR decision shall deliver a copy of the request to all other parties involved in the dispute at the same time the request is filed with the Division. **Please include a copy of the *Medical Fee Dispute Resolution Findings and Decision*** together with any other required information specified in 28 Texas Administrative Code §141.1(d).

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.